

TRU 26/11

PTO/SB/21 (09-04)



JUL 05 2005
TRANSMITTAL
FORM
(to be used for all correspondence after initial filing)

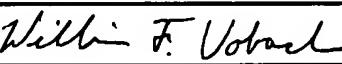
Total Number of Pages in This Submission

Application Number	10/007,520
Filing Date	October 26, 2001
First Named Inventor	Peterka, Petr
Art Unit	2611
Examiner Name	
Total Number of Pages in This Submission	5
Attorney Docket Number	018926-006530US

ENCLOSURES (Check all that apply)

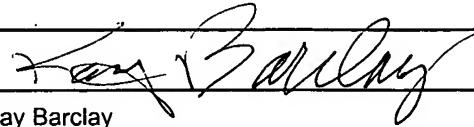
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Return Postcard
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	William F. Vobach		
Date	July 1, 2005	Reg. No.	39,411

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature		
Typed or printed name	Kay Barclay	Date
		July 1, 2005

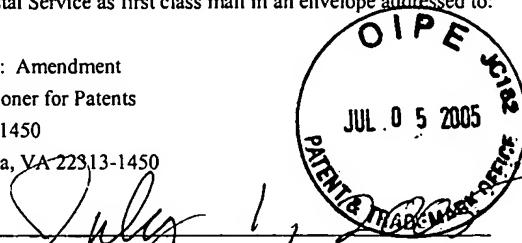
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

On

TOWNSEND and TOWNSEND and CREW LLP

By:



PATENT
Attorney Docket No.: 018926-006530US
Client Reference No.: D2569

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Petr Peterka, et al.

Application No.: 10/007,520

Filed: October 26, 2001

For: ECM AND EMM DISTRIBUTION
FOR MULTIMEDIA MULTICAST
CONTENT

Examiner:

Art Unit: 2611

**SUPPLEMENTAL INFORMATION
DISCLOSURE STATEMENT UNDER 37
CFR §1.97 and §1.98**

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

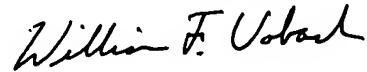
Sir:

The references cited on attached form PTO/SB/08A and PTO/SB/08B are being called to the attention of the Examiner. Copies of the references [in compliance with the requirements of 1287 OG 163] are enclosed. It is respectfully requested that the cited references be expressly considered during the prosecution of this application, and the references be made of record therein and appear among the "references cited" on any patent to issue therefrom.

As provided for by 37 CFR 1.97(g) and (h), no inference should be made that the information and references cited are prior art merely because they are in this statement and no representation is being made that a search has been conducted or that this statement encompasses all the possible relevant information.

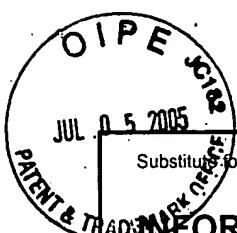
Applicant believes that no fee is required for submission of this statement. However, if a fee is required, the Commissioner is authorized to deduct such fee from the undersigned's Deposit Account No. 20-1430. Please deduct any additional fees from, or credit any overpayment to, the above-noted Deposit Account.

Respectfully submitted,



William F. Vobach
Reg. No. 39,411

TOWNSEND and TOWNSEND and CREW LLP
Two Embarcadero Center, Eighth Floor
San Francisco, California 94111-3834
Tel: 303-571-4000
Fax: 303-571-4321
WFV:klb
60529059 v1



Substitute for form 1449A/PTO				<i>Complete if Known</i>	
				Application Number	10/007,520
				Filing Date	October 26, 2001
				First Named Inventor	Peterka, Petr
				Art Unit	2611
				Examiner Name	
Sheet	1	of	2	Attorney Docket Number	018926-006530US

U.S. PATENT DOCUMENTS+					
Examiner Initials*	Cite No. ¹	Document Number Number Kind Code ² (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
AA	US-6,385,596		05-07-2002	Wiser, et al.	
AB	US-2002/0002674 A1		01-03-2002	Grimes, et al.	
AC	US-6,067,623		05-23-2000	Blakley, III et al.	
AD	US-5,758,068		05-26-1998	Brandt et al.	
AE	US-				
AF	US-				
AG	US-				
AH	US-				
AI	US-				
AJ	US-				
AK	US-				
AL	US-				
AM	US-				
AN	US-				
AO	US-				
AP	US-				
AQ	US-				
AR	US-				
AS	US-				
AT	US-				

FOREIGN PATENT DOCUMENTS							
Examiner Initials*	Cite No. ¹	Foreign Patent Document		Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T ⁶
		Country Code ³	Number ⁴ Kind Code ⁵ (if known)				
AU							<input type="checkbox"/>
AV							<input type="checkbox"/>
AW							<input type="checkbox"/>
AX							<input type="checkbox"/>
AY							<input type="checkbox"/>
AZ							<input type="checkbox"/>
BA							<input type="checkbox"/>
BB							<input type="checkbox"/>

Examiner Signature		Date Considered
--------------------	--	-----------------

¹EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant. ² Applicant's unique citation designation number (optional). ³ Kind Codes of U.S. Patent Documents at www.uspto.gov or MPEP 901.04. ⁴ Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁵ For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁶ Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁷ Applicant is to place a check mark here if English language Translation is attached.

60529059 v1

JUL 05 2005

PTO/SB/08B (08-03)

Substitute for form 1449B/PTO

**INFORMATION DISCLOSURE
STATEMENT BY APPLICANT**

(use as many sheets as necessary)

Sheet	2	of	3	Attorney Docket Number	018926-006530US
-------	---	----	---	------------------------	-----------------

Complete if Known

Application Number	10/007,520
Filing Date	October 26, 2001
First Named Inventor	Peterka, Petr
Art Unit	2611
Examiner Name	

NON PATENT LITERATURE DOCUMENTS			
Examiner Initials *	Cite No. ¹	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
	BC	Secure Transfer of Identity and Privilege Attributes in an Open Systems Environment; JIM PRESS, 1991; 0167-4048/91; Elsevier Science Publishers Ltd.	
	BD		
	BE		
	BF		
	BG		
	BH		
	BI		
	BJ		
	BK		
	BL		
	BM		

Examiner Signature		Date Considered
--------------------	--	-----------------

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹ Applicant's unique citation designation number (optional). ² Applicant is to place a check mark here if English language Translation is attached.